

**LIFESPAN HEALTH SERVICES UNIT
MATERNAL CHILD ADOLESCENT HEALTH PROGRAM**

**Report of a Brief Survey of Nebraska Birthing Hospitals:
Breastfeeding and Safe Sleep Policies and Practices
July, 2013**

INTRODUCTION

Historically, a breastfeeding and safe sleep practices survey of Nebraska birthing hospitals has been conducted by the Maternal Infant Health staff in Lifespan Health Services. The priorities of breastfeeding and preventing infant death are included within the Maternal Child Health Title V block grant (federal funding source) state and national performance measures.

The purpose of this survey was to update information to inform the following program objectives:

- Inform strategic planning and objective-setting within the maternal-infant health program area in Lifespan Health Services in two priority areas;
- Assess needs and opportunities for nursing continuing education in the areas of breastfeeding support and education, and safe sleep best practices;
- In collaboration with other partners, provide data to help inform the breastfeeding objectives found in the Nebraska Physical Activity and Nutrition State Plan.

METHOD

The survey was constructed by creating a simple, fast, one page check-off version of nine survey questions, six on breastfeeding policies and practices, three on safe sleep policies and practices (Attachment A).

The survey was mailed to "Nurse Manager" in the labor and delivery unit of each of 61 birthing hospitals in the state of Nebraska, with a short cover letter (Attachment B) and self-addressed stamped envelope to return the completed survey. After 30 days, a second mailed survey was sent to the non-responding hospitals. After another 30 days, a friendly telephone attempt was made by a Registered Nurse to the non-responding hospital, with an offer to complete the survey over the phone if convenient. At all times the respondent provided information voluntarily and without providing personal name or other identifier. The hospital name and location were tracked but not reported.

RESULTS

Of the 61 birthing hospitals in Nebraska, two reported they no longer provide routine birthing services and were removed from the survey group. Of the remaining 59, 46 (78%) responded with completed surveys. Of the 46 responding, 28 returned the survey by mail, and 18 completed the survey over the phone.

The first question on the survey was: *Does your hospital have written policies to promote and support **breastfeeding**?* Thirty-six (78.3%) responded in the affirmative. There were no "I don't know" responses.

Question 7 was: *Does your hospital have written policies on **safe sleep practices for infants**?* Thirty-four (67.4%) responded in the affirmative, again no "I don't know" responses. See Figure 1, below.

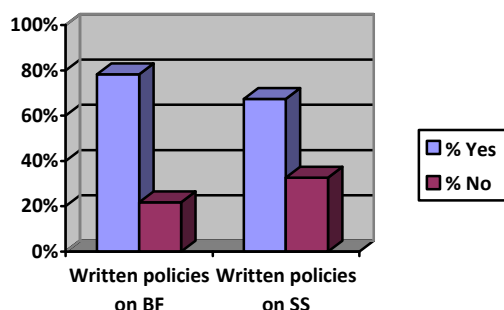


Figure 1: NE Birthing Hospitals with/without Written Policies on Breastfeeding (BF) Support and Safe Sleep (SS) for Infants

BREASTFEEDING RESULTS

Of 36 birthing hospitals with written policies in support of breastfeeding, the survey asked about the specific practices the policies addressed, using a selection of seven possible best practice topics. The eight best practices listed were:

- Encouraging breastfeeding within 1-2 hours after delivery ("*enc 1-2 hr*"): 100%
- Provide breastfeeding education to all delivering mothers ("*BF ed*"): 92%
- Avoid supplementation of the breastfeeding infant with formula unless medically necessary ("*avoid supp*"): 86%
- Newborns rooming-in with mothers 24 hrs./day ("*room in*"): 78%
- Avoid use of pacifiers/artificial nipples for breastfeeding infants ("*avoid pac*"): 78%
- Training for Labor and Delivery nurses to provide breastfeeding education and support for all mothers ("*nurse train*"): 75%.
- Immediate skin to skin contact between newborn and mom ("*skin to skin*"): 72%

The percentage of birthing hospitals with written breastfeeding policies by topic area is shown below:

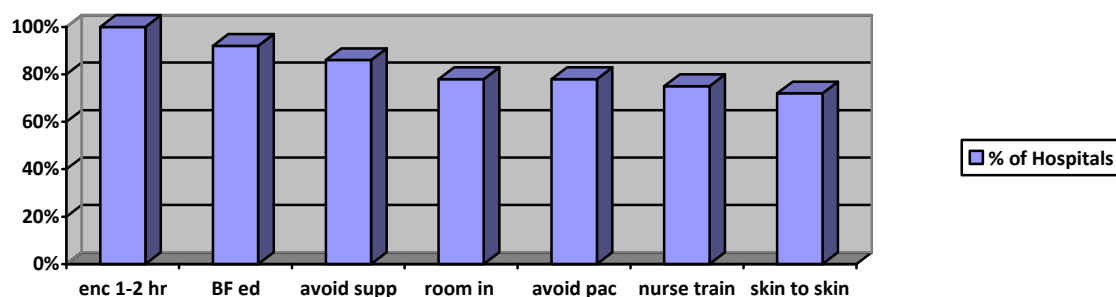


Figure 2: Hospitals with Written Policies to Support Breastfeeding (N = 36), by Topic Area

Next, the survey asked all respondents (N = 46) about the *practice* of Labor and Delivery nurses in the hospital. Five areas were provided, again based on best practices in breastfeeding and support for newly delivered mothers. The topic areas for nursing *practice* (as opposed to policy) are as follows:

- Breastfeeding within 1-2 hours after delivery ("*enc 1-2 hr*"): 100%
- Newborns rooming in with mothers 24-hrs./day ("*room in*"): 91.3%
- Immediate skin to skin contact between mom and newborn ("*skin to skin*"): 83%

- d. Avoiding supplementation of the breastfeeding infant with formula unless medically necessary (“*avoid supp*”): 83%
- e. Avoiding use of pacifiers/artificial nipples for breastfeeding infants (“*avoid pac*”): 72%

The responses regarding perceptions of nursing practice to encourage breastfeeding are shown below:

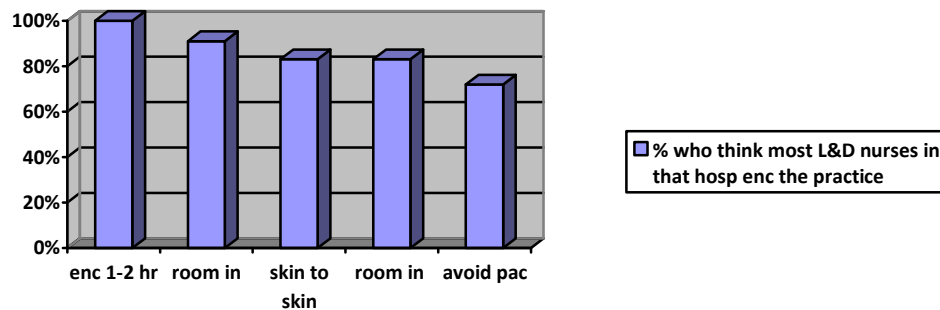


Figure 3: Hospitals with Nurses who Encourage Breastfeeding (N = 46), by Topic Area

The final area of survey on breastfeeding concerned the respondents’ view of hospital practice in three areas: expectations or support for nurse training to provide breastfeeding education and support; provision of resource and referral information for breastfeeding support in the community upon discharge of the newly-delivered mom; and the provision of gift packs containing infant formula upon delivery or discharge (N=46).

- Respondents in 38 hospitals (82.6%) thought most Labor and Delivery nurses were trained to provide breastfeeding education and support to new mothers.
- In 27 hospitals (72%) respondents agreed their hospitals provide information to mothers on local resources for breastfeeding support.
- In 30 hospitals (65.2%), respondents stated their hospitals provide gift packs to new mothers that contain free formula products.

Among the 36 hospitals with written policies in support of breastfeeding, a majority - 21 or 58% - provide formula gift packs to new mothers. In the chart below, the distribution of gift packs (GP) is identified among three sets of respondents, characterized by written breastfeeding policies with or without specific policy statements on avoiding supplementation with formula unless medically necessary.

GROUP	Written BF Policies	Specific policy on avoiding supplementation unless medically necessary	Provide Gift Pack Formula	Do Not Provide Gift Formula
1 (n = 10)	N	N	9 (90%)	1 (10%)
2 (n = 31)	Y	Y	24 (77%)	7 (23%)
3 (n = 5)	Y	N	3 (60%)	2 (40%)

Table 1: Provision of Gift Pack Free Formula by Status of Hospital Written Breastfeeding Policies.

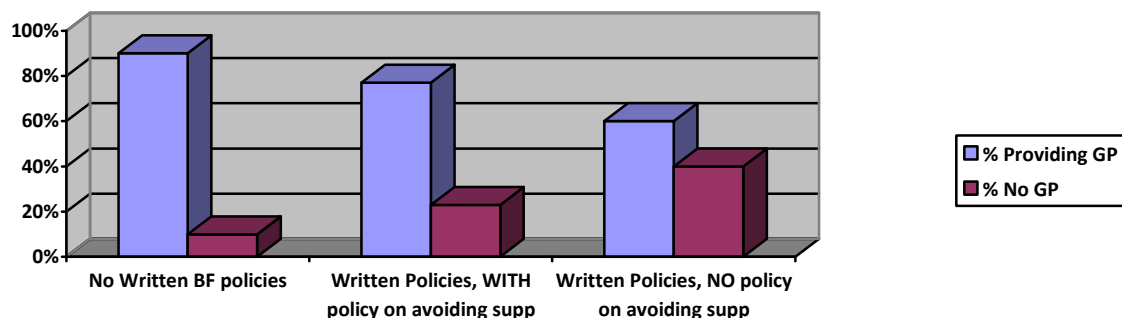


Figure 4: Provision of Gift Pack Free Formula by Status of Hospital Written Policies on Breastfeeding

SAFE SLEEP RESULTS

Thirty-one (67.4%) respondents reported their hospitals as having written safe sleep policies for newborns and infants. The survey asked about the specific practices the policies addressed, using a selection of three possible best practice topics:

- Compliance with NRS 71-2103, which requires hospital to request parents of newborns to view video and print materials on shaken baby syndrome and sudden infant death prevention prior to discharge (*NRS 71-2103*): 94%, n = 29
- Infants placed on backs to sleep (*back to sleep*): 94%, n = 29
- Use of sleep sacks instead of loose blankets (*sleep sacks*): 26%, n = 8

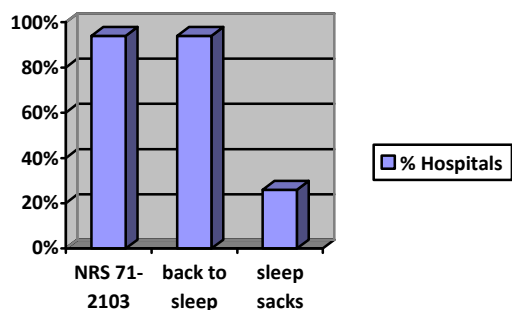


Figure 5: Hospitals with Written Policies on Safe Sleep Practices (N = 31), by Topic Area

The final question on the survey asked respondents whether they believe Labor and Delivery nurses in the hospital educate and serve as role models for best practices in safe sleep for newborns. Of the 46 hospitals responding, 89% agreed.

DISCUSSION

The response rate of 78% is considered high and evidence of a successful data-gathering activity.

Data on written policies to support breastfeeding in the hospital delivery area indicates a high level of policy development in the area of breastfeeding support, and helps illuminate locations or settings where policy development may be lagging compared with the overall population of birthing hospitals in Nebraska.

Among those hospitals with written policies in support of breastfeeding, the policy least likely to be in place is one on skin to skin contact between mother and infant immediately following delivery (72% of hospitals with written policies). This practice has been observed to be directly stimulating both to infant rooting reflex and milk release by the mother. In the portion of the survey where we examine nursing practice, 83% of respondents stated they think most nurses encourage the practice of skin to skin contact immediately after delivery, a somewhat higher percentage.

The survey questions on perceptions of nursing practice in the hospital setting are useful to identify potential areas for nursing professional development. For example, in the lowest scored area in the nursing practice to encourage breastfeeding section, only 72% of nurses thought “most Labor and Delivery nurses” avoid use of pacifiers or artificial nipples in their hospitals.

The provision of gift packs containing free formula products suggests a hospital behavior in support of formula feeding or supplementation and/or the expectation that baby will or should be supplemented with formula. Such a behavior contradicts policy statement and best practice that formula supplementation should only be offered if medically necessary. Examining the behavior of providing free formula in gift packs in light of status of written hospital policy in support of breastfeeding suggests that ANY written breastfeeding policies may have a protective effect against routinely giving new mothers free formula products. Of all hospitals, 75% of those with written breastfeeding policies provide free formula; while 90% of those without written breastfeeding policies provide free formula.

In the safe sleep section of the survey, one question measures compliance not with best practices but with Nebraska statute, which requires birthing hospitals to make resources available to new parents during the hospital stay for delivery, on sudden infant death prevention and on avoiding shaken baby syndrome. Here a high rate of policy development might have been expected, however, only 67% of birthing hospital respondents reported any written policies on safe sleep. While a high percentage (94%) of those with written safe sleep policies do have policies related to NRS 71-2103, the 33% of birthing hospitals with no safe sleep policies at all are a concern. This indicates work left to be done in order to assure all birthing hospitals are in compliance with this important state law influencing the welfare and safety of newborns and infants.

Among the three areas selected as benchmarks for best practice topics in written hospital safe sleep policies, two ranked very high as far as presence in hospital policy, but one was markedly low. The American Academy of Pediatrics has been releasing recommendations about safe objects and materials for the crib where baby sleeps, one of the most recent being switching to an infant sleep sack instead of blanket, in order to assure bedding does not bunch up around baby’s face and air way. The fact that only 26% of hospitals with written policies on safe sleep have a specific policy relating to this recent national recommendation may indicate that many hospitals are slow to apply new developments in policy and practice, another area where public health support may be of meaningful use.

LIMITATIONS

The survey was conducted using a small convenience sample of 61 Nebraska hospitals that routinely have recorded deliveries of live births.

The method of two mailings followed by one phone call yielded a high response rate. However, no information is available on those hospitals not responding.

The survey method relied on locating a single, knowledgeable, willing respondent who was accessed by addressing communication to the birthing hospital, care of “Nurse Manager of the Labor and Delivery Unit.” The individual is otherwise unnamed and unavailable for follow up questions. Among those completing surveys, respondents reflected a high level of confidence regarding responses, and “Don’t Know” was not a response.

In order to sustain consistent similarities between respondents (“Nurse Managers” in Labor and Delivery Units of Nebraska birthing hospitals), no attempt was made to seek out other informants (hospital administrators) if the Nurse Manager was unwilling or unavailable to respond to the survey.

ACKNOWLEDGEMENTS/RESOURCES

The survey relied on the investment of time and effort by the following individuals, supported through the use of Maternal Child Health Title V block grant funds in the Lifespan Health Services Unit of the Division of Public Health, Nebraska Department of Health and Human Services:

Tina Goodwin, RN, BSN, Sr. Community Health Nurse
Shelley Konopasek, RN, BSN
Ruth Jorgensen, RN, BSN
Lori Rowley, RN, BSN
Kathy Karsting, RN, MPH, Program Manager, Maternal Child Adolescent Health

The program staff acknowledge with appreciation the contributions of Dr. Debora Barnes-Josiah, Maternal Child Health Epidemiologist in Lifespan Health Services Unit, Nebraska DHHS.

ATTACHMENTS

Attachment A: Survey Instrument
Attachment B: Cover Letter to Participating Hospitals

ATTACHMENT A: SURVEY INSTRUMENT

Maternal Child Adolescent Health Program
2013 BREASTFEEDING SURVEY OF NEBRASKA'S BIRTHING
HOSPITALS

		Yes	No
	BREASTFEEDING SURVEY		
1.	Does your hospital have written policies to promote and support breastfeeding? <i>If no, skip to #3.</i>		
2.	If yes, does your hospital have written policies on:		
	a. Immediate skin to skin contact between newborn and mom		
	b. Encouraging breastfeeding within 1-2 hrs. after delivery		
	c. Avoiding supplementation of the breastfeeding infant with formula unless medically necessary.		
	d. Newborns rooming-in with mothers 24 hrs./day		
	e. Avoiding use of pacifiers/artificial nipples for breastfeeding infants		
	f. Providing breastfeeding education materials to all delivering mothers		
	g. Training for Labor and Delivery nurses to provide breastfeeding education and support for all mothers?		
3.	In your hospital, do you think <i>most</i> Labor and Delivery nurses encourage :		
	a. Immediate skin to skin contact between newborn and mom		
	b. Breastfeeding within 1-2 hrs. after delivery		
	c. Avoiding supplementation of the breastfeeding infant with formula unless medically necessary.		
	d. Newborns rooming-in with mothers 24 hrs./day		
	e. Avoiding use of pacifiers/artificial nipples for breastfeeding infants		
4.	In your hospital, do you think <i>most</i> Labor and Delivery nurses are trained to provide breastfeeding education and support to new mothers?		
5.	Upon discharge, does your hospital provide information to mothers on local resources for breastfeeding support? <u>If yes, please identify:</u>		
6.	Does your hospital provide gift packs to new mothers that contain free formula products?		
	SAFE SLEEP SURVEY		
7.	Does your hospital have written policies on safe sleep practices for infants? <i>If no, skip to #9.</i>		
8.	If yes, does your hospital have written policies on		
	a. Compliance with Neb. Rev. Stat. 71-2103, which requires hospitals to request parents of newborns to view video and printed materials on shaken baby syndrome prevention and sudden infant death prevention prior to discharge		
	b. Infants placed on their backs to sleep		
	c. Use of sleep sacks instead of loose blankets		
9.	In your hospital, do you believe Labor and Delivery nurses educate and serve as role models for best practices in safe sleep for newborns?		

Thank You for completing and returning this survey in the enclosed SASE on or before March 1, 2013!

ATTACHMENT B: SURVEY COVER LETTER



Division of Public Health

State of Nebraska
Dave Heineman, Governor

Date February 25, 2013

Dear Nurse-Manager Colleague:

Over the years, the DHHS Maternal Child Adolescent Health Program has periodically conducted short surveys of Nebraska birthing hospitals regarding policies and practices in the areas of breastfeeding support and education, and safe sleep practices and education. We are updating this work in 2013.

Please complete the enclosed survey and return in the self-addressed stamped envelope. The survey should not take more than 5 minutes to complete. The results of the survey will be used to inform priorities and objectives for our program area, and also to inform the breastfeeding objectives of the Nebraska Physical and Activity State Plan, at the state level only.

<http://dhhs.ne.gov/Documents/PANstateplan.pdf>

Individual hospitals will NOT be identified in the survey report. Survey respondents remain completely anonymous. Aggregate results only will be reported. The short survey report, when available, will be posted on our maternal infant health page at

http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_maternalandinfanthealth.aspx

Thank you for your assistance! If you have questions, please feel free to contact Tina Goodwin, RN, at tina.goodwin@nebraska.gov; 402-471-0165; or 800-801-1122.

Sincerely,

Kathy Karsting, RN, MPH
MCAH Program Manager

Tina Goodwin, RN, BSN
Sr. Community Health Nurse
Maternal-Infant Health